

Lumico Life Insurance Company**Contact Us:** 123 Town Square Pl. #798, Jersey City, NJ 07310**Domicile:** 2701 W Main St., Suite 201, Jefferson City, MO 65102

1-800-589-0087

www.lumico.com

Lumico

family of insurance companies

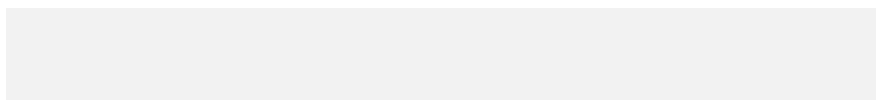
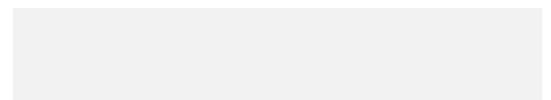
Statement of Insurability

This statement has been completed as a condition of the delivery and acceptance of the application for life insurance, reinstatement or policy change completed on the following policy:

Policy Number	Insured Name	
Since the date of the application for life insurance, reinstatement or policy change completed on: <i>mm/dd/yyyy</i>		
Has any person proposed for <i>coverage, reinstatement of coverage or policy change</i>:	Yes	No
1. had a change in health?	<input type="checkbox"/>	<input type="checkbox"/>
2. made an application for insurance which has been declined, postponed, or modified?	<input type="checkbox"/>	<input type="checkbox"/>
3. made an application for life insurance with any other company?	<input type="checkbox"/>	<input type="checkbox"/>
4. consulted or been examined by a member of the medical profession or been referred to another physician for any medical condition, which was not indicated on the original application as mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
5. currently in self-isolation or quarantine due to being treated, examined or advised by a member of the medical profession for symptoms of COVID-19, or had a confirmed diagnosis by a medical profession within the last 30 days?	<input type="checkbox"/>	<input type="checkbox"/>
If you answered YES to any of the above statements, please provide full details below. Regarding #4 and #5 above, please provide dates, diagnosis, doctor's complete name, address, and phone number. Use additional space on back page, if needed.		

FRAUD NOTICE: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I represent that all statements and answers made above are complete and true to the best of my knowledge and belief. I agree that this statement of insurability shall form a part of my application for insurance.


Signature of Insured or Proposed Insured

Date

Additional space for comments (optional):